# State of New Hampshire
# 2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

**REPORT DUE BY April 1, 2014**

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Huan - Wei LLC

139 Dubuque St

Manchester, NH 03102

**ADDRESS OF PRINCIPAL OFFICE:**

139 Dubuque St

Manchester, NH 03102

| | ENTITY TYPE: | LLC |
|---|---|---|
| | BUSINESS ID: | 608180 |
| | STATE OF DOMICILE: | NEW HAMPSHIRE |
| | restaurant | |

**1**

**REGISTERED AGENT AND OFFICE:**

Chiang, Kuei-Lin

139 Dubuque Street

Manchester, NH 03102

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**2**

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address _____

☐ The new principal office address _____

PO Box is acceptable.

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**3**

| MANAGERS | MEMBERS |
|---|---|
| NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). | NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). |
| **LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT**  **A** | **MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS**  **B** |

**A (MANAGERS)**

NAME _Kuei-Lin Chiang_
STREET _139 Dubuque St_
CITY/STATE/ZIP _Manchester NH 03102_

NAME ..........
STREET ..........
CITY/STATE/ZIP ..........

NAME ..........
STREET ..........
CITY/STATE/ZIP ..........

NAME ..........
STREET ..........
CITY/STATE/ZIP ..........

**B (MEMBERS)**

NAME ..........
STREET ..........
CITY/STATE/ZIP ..........

NAME ..........
STREET ..........
CITY/STATE/ZIP ..........

NAME ..........
STREET ..........
CITY/STATE/ZIP ..........

NAME ..........
STREET ..........
CITY/STATE/ZIP ..........

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

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**4**

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

**Sign here:** _Kuei-Lin Chiang_

**Please print name and title of signer:** _Kuei-Lin Chiang_
NAME _Manager_ TITLE

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FEE DUE: **$150.00**

E-MAIL ADDRESS (OPTIONAL):

State of New Hampshire
Fee - Form LLC 8 - (LLC) 1 Page(s)

WHEN THIS FOR[ ] IT WILL BECOME A
PUBLIC DOCUME[ ] PUBLIC DISCLOSURE
REQUIRED INFORM[ ] [ ]ORT WILL BE REJECTED

T1413535018

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